TO:     County Welfare Director     Supply Clerk / Forms Coordinator    Community Care Licensing District Offices	NOTICE OF FORM CHA	ANGE NO. 04-320				DATE 12/27/2004				
Private and Public Adoption Agencies   Other	County Welfare Dir		Forms Management Unit							
This notice updates your Department of Social Services County Forms Catalog.  FORM NUMBER AND TITLE FC 3A (Supplement) (11/04) - AFDC-FG/U Worksheet  ORDER UNIT		_	•							
FORM NUMBER AND TITLE FC 3A (Supplement) (11/04) - AFDC-FG/U Worksheet  ORDER UNIT	Listed below is information re	garding a form change. Or	nly applica	ble information is show	/n.					
ORDER UNIT MASTER ONLY    Free	This notice updates your Dep	artment of Social Services	County F	orms Catalog.						
MASTER ONLY	FORM NUMBER AND TITLE FC 3A (S	upplement) (11/04) - AFDC	C-FG/U W	orksheet						
New				PRICE						
New	MASTER ONLY					☐ Yes ☐ No				
No Change Permitted Substitute Permitted With Prior DSS Approval Recommended Form   UNLESS OTHERWISE SPECIFIED STOCK MAINTAINED AT: Department of Social Services Warehouse P.O. Box 980788 West Sacramento, CA 95798-0788 Other:    FORMS DISPOSITION AND SPECIAL INSTRUCTIONS  DISPOSITION OF OLD SUPPLY  Use until exhausted  Destroy  USE NEW FORM When supply available in DSS Warehouse  Use new form effective 11/04  USE FORM IN ACCORDANCE WITH All County Letter No. Other (specify)  ADDITIONAL INFORMATION REGARDING FORM CHANGE	☐ New ☐ Revised					Obsolete				
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Use until exhausted □ Destroy  Use New Form □ When supply available in DSS Warehouse □ Use new form effective 11/04  USE FORM IN ACCORDANCE WITH □ All County Letter No. □ Other (specify)  ADDITIONAL INFORMATION REGARDING FORM CHANGE	Department of Social Service P.O. Box 980788	ces Warehouse	Other:							
Use until exhausted □ Destroy  USE NEW FORM □ When supply available in DSS Warehouse □ Use new form effective 11/04  USE FORM IN ACCORDANCE WITH □ All County Letter No. □ Other (specify)  ADDITIONAL INFORMATION REGARDING FORM CHANGE		FORMS DISPOSITION	ON AND S	PECIAL INSTRUCTION	NS					
□ When supply available in DSS Warehouse     □ Use new form effective     11/04       □ Use FORM IN ACCORDANCE WITH     □ All County Letter No.     □ Other (specify)       □ Other (specify)     □ Additional Information regarding FORM CHANGE		☐ De	stroy							
☐ All County Letter No. ☐ Other (specify)  ADDITIONAL INFORMATION REGARDING FORM CHANGE		DSS Warehouse	⊠ Us	□ Use new form effective 11/04						
Other (specify)  ADDITIONAL INFORMATION REGARDING FORM CHANGE										
ADDITIONAL INFORMATION REGARDING FORM CHANGE	_ •									
	☐ Other (specify)									
Form is a Master Only.		RM CHANGE								
•	Form is a Master Only.									

Check on the internet to see if forms are available at www.dss.cahwnet.gov

For camera-ready copies of English and Spanish forms, please call the Forms Management Unit (FMU) at (916) 657-1907, or by electronic mail at: fmudss@dss.ca.gov. Contact Language Services for other languages at (916) 445-6778 or by electronic mail at LTS@dss.ca.gov.

Attached is a Reproducible Copy

## AFDC-FG/U WORKSHEET

**INSTRUCTIONS:** Complete the following to determine if the child would have received federal AFDC-FG/U (as it existed July 16, 1996) in the Month of the petition based on the circumstances in the home of the parent or relative from whom the child was removed. The AFDC-FG/U linkage requirement is met when all items are answered YES.

Child's Name		Mont	Month of Petition		Date Child Last Resided with Parent or Relative From Whom Removed		
FEDERAL AFDC - FG/U E				ELIGIBILITY REQUIREMENTS			VERIFICATION
Total Persons in AU/FU     Total 185% MBSAC		IBSAC + Special I	Needs	Total MBSAC + Nonrecuring Special Needs)		EARNINGS VERIFICATION ON FILE:	
Α.	185% of MBSAC INCO	OME TEST	AMOUNT	B. FINANCIAL ELIGIB	BILITY TEST		☐ Yes ☐ No
	1. Gross Earnings	rnings 1. Gross Earnin		Gross Earnings	ıs		
	Current Child Support Received by DA or Recipient +		Work-Related Expenses (\$90)  -		-	UNEARNED VERIFICATION ON FILE:	
Other Unearned Income     (Specify) +		+	3. \$30 and 1/3 Exemption (If applicable)		-	☐ Yes ☐ No	
Excluded persons     Gross Income +		+	Dependent Care     (Up to \$200 each)		_		
5. +		+	5. NET EARNINGS		=	OTHER VERIFICATIONS ON FILE (LIST):	
6. +		+	6. Other Nonexem	pt Income	+		
7.		+	7. Child Support C	Collected by DA	+		
8. +		+	Court Ordered Child Support		id –		
TOTAL INCOME =		=	TOTAL NET NONEXEMPT INCOI		=	INCOME LINKAGE ESTABLISHED (185% TEST AND FINANCIAL BIG TEST)	
Gross Income Eligible?		Yes	Financially Eligible?		Yes		
			☐ No			☐ No	☐ Yes ☐ No
2.	Is the property of a below the allowable (COMPLETE BELC	e limit?	the AU/FU in	the month of the petition	on $\square$	Yes No	RESOURCES VERIFIED:
		NET MARKET VALUE	ET ITEM		NET MARKET VALUE		
	a. Cash and Securiti	ies		f.		+	
	b. Cash Surrender V of Life Insurance	/alue	+	g. Real Property (Sp	pecify)	+	
	c. Motor Vehicle		+	h.		+	
	d. Other Personal Pr (Specify)	roperty	+	i.		+	
	e.		+	J. TOTAL PROPER	TY	=	
	DC-FG U LINKAGE TERMINATION:			IGIBLE FOR FEDERA G U in month n	No	SUFFICIENT INFO t eligible for federa DC-FG U	•

FC 3 A(SUPPLEMENT) (11/04) - REQUIRED FORM - SUBSTITUTE PERMITTED